

## REQUEST FOR ELIGIBILITY LIMITED SERVICES

Name of applicant (last, first)	FOR COUNTY USE ONLY—State Number										
	County	Aid	Serial Number					FBU	Person Number		

### PART A.

I need/continue to need services related to: (Please check one or more of the following.)

#### Under Age 12 and Older:

1. ☐ Sexual Assault
2. ☐ Pregnancy or Family Planning

#### Age 12 Years and Older:

3. ☐ Sexually Transmitted Diseases
4. ☐ Drug or Alcohol Abuse
5. ☐ Outpatient Mental Health\*

\* If requesting outpatient mental health services, a statement from a mental health professional confirming that you meet the requirements for those services must be presented to your eligibility worker.

### PART B.

I am requesting medical assistance for the month of: \_\_\_\_\_ / \_\_\_\_\_  
MonthYear

### PART C. RIGHTS AND RESPONSIBILITIES

1. I understand that I will receive a paper Medi-Cal ID card that is good for one year from the issue date on the card. This card is for identification only and does not verify eligibility.
2. I understand that my eligibility is good for one month, and each month I need Minor Consent medical services, I must come back into the welfare department to recertify my eligibility to at least one of the above services. To allow time for my eligibility worker to process my recertification, I must come in and complete this form as soon as I know I need to see a doctor or need medical care.
3. I understand that if any of the following happens, I must tell my eligibility worker at my next interview when I recertify my eligibility:
  - a. I move out of my parent's/guardian's house.
  - b. I get married.
  - c. My parent(s) stop supporting me or declaring me as a dependent for tax purposes.
  - d. I get a job or quit working.
  - e. My income, such as earnings, increases, decreases, or stops.
  - f. I get some property; i.e., bank accounts, automobiles, stocks, bonds, trust funds, etc.
  - g. I give birth or my pregnancy ends for any reason.
4. I understand that I will receive this card and the medical services I have requested without my parents being contacted.

Signature of Applicant		Date
Signature of County Representative	Worker number	Date